

VASNHS PGY1 Recommendation Request Form



*This is the official recommendation form for the VA Southern Nevada Healthcare System pharmacy practice residency program. All applications must include three formal recommendations, which are completed separately using this tool. Supplemental letters may accompany this form at the discretion of the recommender. All documents should be emailed to khenh.vong@va.gov as attachments from an official professional email account. Recommendations sent from public accounts (such as Gmail) will not be accepted. Recommendation emails should include the following phrase in the email subject title "Letter of Recommendation for Candidate's Last Name, First Name". Forms and letters must be received by **JANUARY 1st**.*

To be completed by applicant:

I am applying to the following Pharmacy Residency Program: **VASNHS PGY-1 Pharmacy Residency**

Applicant First Name, Middle Name, Last Name

Applicant Telephone Number

Applicant Street Address, City, State, Zip

Applicant E-mail Address

Applicant Match Number (if known)

☐ I waive the right to review this recommendation and verify this by my digital signature denoted below

Digital Signature of the Applicant

Date

To be completed by recommender:

Applicants to the residency program specified above are required to have recommendations submitted by persons who are in a position to evaluate their qualifications for residency training. The recommender is asked to make a frank appraisal of the applicant's character, personality, abilities, and suitability for a pharmacy residency/fellowship. **All comments and information provided will be kept confidential.**

I have known the applicant for approximately _____ months. I know the applicant: ☐ very well ☐ fairly well ☐ casually

My relationship to the applicant was (or is) in the following capacity: ☐ Clerkship preceptor ☐ Academic Faculty Advisor
☐ Faculty Advisor with active clinical practice
☐ Employer/supervisor ☐ Other (please specify)

Relative to persons of **similar background, training, and professional interests**, how would you rate this applicant for each of the following characteristics? Please indicate what number () of students or employees you have precepted or supervised over the past 2 years that you are using as comparison. Please select the rating column which best describes the applicant.

CHARACTERISTICS EVALUATED	UPPER 10%	UPPER 25%	UPPER 50%	LOWER 50%	NO BASIS FOR JUDGMENT if marked please comment
Quality of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Written communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Oral communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Leadership skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Industriousness and perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Initiative and motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Assertiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cooperativeness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ability to organize and manage time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ability to work with supervisors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ability to work with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Resourcefulness and originality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Willingness to accept constructive criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Personal appearance and professional demeanor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Commitment to professional practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emotional stability and maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

OVERALL RECOMMENDATION	I am not able to recommend this applicant	I recommend this applicant with some reservations	I recommend this applicant	I highly recommend this applicant
Please select one of the following:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please address the following questions to provide additional information regarding the applicant. You may use the space below or attach a separate letter of recommendation to answer these questions.

1. How would you describe the professional and personal strengths or special attributes the applicant would bring to a residency program?
2. What are personal and professional weaknesses the applicant will need to develop during his/her residency?
3. Does the applicant demonstrate any traits or characteristics which would hinder his/her ability to perform effectively in a residency program?

Recommender First Name, Last Name, Title and Affiliation

Recommender Street Address, City, State, Zip

Telephone Number

Recommender E-mail Address

☐ I certify the information provided within this recommendation is accurate and current to the best of my knowledge

Digital Signature of the Recommender

Date